

Opal Towers West Condominium Association, Inc.

Office: 954-429-0311

Security

1150 Hillsboro Mile
Hillsboro Beach, FL 33062

Front Desk: 954-429-3225

Fax: 954-428-1595

Email: otwcondo@bellsouth.net

APPLICATION FOR PURCHASE/LEASE AND SCREENING PROCEDURES

A copy of OTW's Rules and Regulations shall accompany all applications. OTW Associations has thirty (30) days after receipt of application to approve or disapprove proposed transaction.

Application shall be returned to OTW with a check for \$100 and an executed copy of the contract/lease.

Application shall be reviewed by the Screening Committee. If any questions are unanswered, the application and check shall be returned to the Real Estate Agent handling the transaction.

Following acceptance of the application, the Screening Committee will:

- Deposit the \$100 check for processing the application.
- Fax page #2 of the Application to the Credit Association for immediate processing.
- Mail original "Authorization for Credit Release" (copy to be attached to application) to Credit Association in order to facilitate obtaining financial data.
- Attach all paperwork to a copy of the Screening Report and fill in the date the application was received, the check number and date sent to the credit agency.

When the credit agency returns all pertinent information, the Screening Committee shall review it, attach it to the Screening Report, and enter the date it was received.

The entire application package shall be transferred to the Chairperson of the Screening Committee for review.

The Chair of the Screening Committee shall coordinate the personal interview date with the applicant(s).

During the interview, the committee shall:

- Review items mentioned on the Screening Report.
- Acquaint applicants with OTW.
- Give applicants OTW parking decal and OTW forms (see attached).
- Answer any questions applicant(s) may have.

Following the interview, the Chairperson completes the Report and returns the package to the Office Administrator to file in the new owner(s) unit file.

If this is a SALE, the Screening Committee shall issue a Certificate of Approval, signed by OTW's President prior to the closing date.

If this is a LEASE, the Screening Committee shall notify the Real Estate Agent and the Owner.

NOTE: Owners or Lessees buying or leasing another unit within the building shall be charged \$25.00 administrative fee only. An executed copy of the contract/lease must accompany the application. They shall not be subject to an interview.

NOTE: Lessees/Renewals:

- If a Lessee/owner has a 2nd car, the Lease between the OTW Owner and the Lessee must state a rental of a 2nd parking space for that 2nd car.
- Lease Renewals shall be reviewed by the Screening Committee Chair for content. The Screening Committee Chair shall be advised regarding renewals for inclusion on a monthly Board report.

Opal Towers West Condominium Association, Inc.

Office: 954-429-0311

Security

1150 Hillsboro Mile
Hillsboro Beach, FL 33062

Front Desk: 954-429-3225

Fax: 954-428-1595

Email: otwcondo@bellsouth.net

APPLICATION TO PURCHASE/LEASE

Desired Date of Occupancy: _____ **Unit:** 703

1. I/We understand that:
 - The acceptance for purchase/lease of a unit at Opal Towers West is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors.
 - Any misrepresentation or falsification of information on this application will result in the automatic rejection of this application.
 - An executed copy of the proposed purchase/lease contract MUST accompany the application.
 - To cover administrative expenses, a non-refundable fee of \$100.00, made payable to Opal Towers West Condominium Association, Inc. MUST accompany the application.
 - Within thirty (30) days after receipt of application and any other information IN FULL, the Association must either approve or disapprove the proposed transaction.
 - All applicants and residents of the unit must make themselves available for a personal interview prior to final approval. Occupancy prior to approval is prohibited.
2. I/We have received a copy of the Rules and Regulations of Opal Towers West Condominium Association, Inc.
3. I/We understand that the Declaration of Condominium provides that:
 - The purchaser/lessee be a single family.
 - No pets of any kind are permitted on the premises.
 - Total overnight occupancy is limited to the following: 1 bedroom unit – no more than four (4) occupants; 2 bedroom unit – no more than six (6) occupants; 3 bedroom unit – no more than eight (8) occupants.
 - Owners leasing their unit MUST do so for a term of not less than One (1) year and MUST complete the "Intent to Lease" and submit to the Association office for approval prior to negotiating the lease.
 - Assignment, transfer or sub-leasing of any sort is not permitted and no guests are permitted while lessee is not in residence.
4. I/We hereby agree for myself/ourselves and on behalf of all persons who may use the unit which I/we seek to purchase/lease, that we will abide by all the restrictions contained in the By-Laws, Rules and Regulations which are, or may in the future be, imposed by Opal Towers West Association, Inc. Furthermore, I/we agree that in breach of the rules, the Association may cure at any time, without notice, any breach thereof; and all cost and expense incurred by the Association including, but not limited to reasonable attorney fees, shall be paid by me/us.
5. I/We agree to notify the Association office of any change in terms or conditions of the purchase/lease.
6. I/We, the intended purchaser/lessee, of the aforementioned unit, declare that I/we understand that I/we shall at all times hold our interests in the condominium subject to the Provisions of the Declaration of Condominium ownership for the Opal Towers West Condominium, as amended By-Laws of the Condominium and the rules promulgated or hereafter established by the owners or Directors. I/We further understand that the Association is attempting to create a community of financially responsible and congenial residents and this offer will be screened with such purpose in view.
7. I/We understand that the Board of Directors acts for an on behalf of the Opal Towers West Condominium Association, Inc., and may cause to institute an investigation of my background as deemed necessary. Accordingly, I specifically authorize the Board of Directors, or their agent, to make such investigation and agree that the Board of Directors and Officers of the Opal Towers West Condominium Association, Inc. shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Board.
In making the attached application, I/we am/are aware that the decision of the Opal Towers West Condominium Association, Inc. will be final and that no reason will be given for any action taken by the Board. I/We agree to be governed by the determination of the Board of Directors.

Applicant: _____

Date: _____

Applicant: _____

Date: _____

Name & Address of Real Estate Agent: Dan & Michael Nathanson – 7280 W Palmetto Park Road #110 Boca Raton, FL 33433

Opal Towers West Condominium Association, Inc.

Office: 954-429-0311

Security

1150 Hillsboro Mile
Hillsboro Beach, FL 33062

Front Desk: 954-429-3225

Fax: 954-428-1595

Email: otwcondo@bellsouth.net

Signature of Applicant: _____ Date: _____

Signature of Applicant: _____ Date: _____

APPLICATION FOR OCCUPANCY – Please Print

Unit: __703__

NOTE: If any question is not answered, this application may be returned, not processed and not approved

In case of an Emergency, notify: _____

Address: _____ Phone: _____

- Name, address, age, relationship and occupation of other family members who will occupy the unit. (Use reverse side if necessary).

Name: _____ Age: _____ Relationship: _____

Address: _____ Occupation: _____

Name: _____ Age: _____ Relationship: _____

Address: _____ Occupation: _____

Name: _____ Age: _____ Relationship: _____

Address: _____ Occupation: _____

Name: _____ Age: _____ Relationship: _____

Address: _____ Occupation: _____

- Name, address, age, relationship and occupation of other persons who will usually, frequently or occasionally occupy the unit. (Use reverse side if necessary).

Name: _____ Age: _____ Relationship: _____

Address: _____ Occupation: _____

Name: _____ Age: _____ Relationship: _____

Address: _____ Occupation: _____

Name: _____ Age: _____ Relationship: _____

Address: _____ Occupation: _____

- Names and dates of birth of all children irrespective of whether any child will occupy or reside in said unit. (Use reverse side if necessary).

Child's Name: _____ Birth Date: _____

Child's Name: _____ Birth Date: _____

Child's Name: _____ Birth Date: _____

Child's Name: _____ Birth Date: _____

Opal Towers West Condominium Association, Inc.

Office: 954-429-0311

Security

1150 Hillsboro Mile
Hillsboro Beach, FL 33062

Front Desk: 954-429-3225

Fax: 954-428-1595

Email: otwcondo@bellsouth.net

Signature of Applicant: _____ Date: _____

Signature of Applicant: _____ Date: _____

AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE, & EMPLOYMENT INFORMATION

You are hereby authorized to release and give to the below mentioned designated party, any and all information they request concerning my banking credit, residency and employment in reference to the application made for residency. The below designated party is also authorized to obtain a consumer credit report.

Designated Party: **Associated Credit Reporting, Inc.**

I hereby waive any privileges I may have with respect to the said information in reference to its release to the aforesaid party.

Applicant's Signature

Applicant's Printed Name

Date

Applicant's Signature

Applicant's Printed Name

Date

Opal Towers West Condominium Association, Inc.
1150 Hillsboro Mile, Hillsboro Beach, Florida 33062
Phone: 954-429-0311 Fax: 954-428-1595

AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE, & EMPLOYMENT INFORMATION

You are hereby authorized to release and give to the below mentioned designated party, any and all information they request concerning my banking credit, residency and employment in reference to the application made for residency. The below designated party is also authorized to obtain a consumer credit report.

Designated Party: **Associate Credit Reporting, Inc.**

I hereby waive any privileges I may have with respect to the said information in reference to its release to the aforesaid party.

Applicant's Signature

Applicant's Printed Name

Date

*Opal Towers West
Condominium Association, Inc.*

Office: 954-429-0311

Security

1150 Hillsboro Mile
Hillsboro Beach, FL 33062

Front Desk: 954-429-3225

Fax: 954-428-1595

Email: otwcondo@bellsouth.net

Applicant's Signature

Applicant's Printed Name

Date

AGREEMENT OF RULES AND REGULATIONS

I/We _____, the intended lessee(s)/owner(s) fully understand all Rules and Regulations for Opal Towers West Condominium Association, Inc.

My/Our signature(s) below indicate(s) that I/we agree to all Rules and Regulations.

1. Name: _____

Signature: _____

Date: _____

2. Name: _____

Signature: _____

Date: _____

Board Member present at time of signature:

Name: _____

Signature: _____

*Opal Towers West
Condominium Association, Inc.*

Office: 954-429-0311

Security

1150 Hillsboro Mile
Hillsboro Beach, FL 33062

Front Desk: 954-429-3225

Fax: 954-428-1595

Email: otwcondo@bellsouth.net

Date: _____